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ORIGINAL DEPARTMENT.

Communications.

DEFECTIVE AND IMPAIRED VISION.

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(Continued from p. 300.)

Myopia in Distans.

"VON GRAFE's attention was first particularly attracted to this affection by the following very interesting case:

"A gardener (about 30 years of age), was able to read the smallest print from 4"—18", medium type up to 2', the largest sized print up to 2½, and yet he could only distinguish the vague outline of the windows of a house fifty yards off, not even being able to recognize their division into panes; he was likewise not able to say whether or not there was any writing on a signboard at the same distance (fifty yards). A short-sighted individual, who could only read the largest print within 2', on being placed beside him, for the sake of comparison, had a far more distinct impression of objects at the same distance, and could, without nipping his eyelids together, even distinguish the first letters (1' in height) of the inscription on the signboard. A third myop, who could only read the largest print up to 1½', had yet far more distinct impressions than the first-named patient, and an excessively short-sighted individual, (suffering from scleroticoco-choroiditis posterior), who could only read the smallest print up to 4", the largest up to 6", saw distant objects about the same as the first individual, who only required concave 30 for seeing well at a distance, whereas the very short-sighted person required 3—2½. The first-named patient therefore appeared to me to be a capital example of myopia in distans, and well fitted for the accurate determination of the existing conditions."

When Von GRAFE tried him with an object, (a prism), gradually removing it further from the eye, there was not, as in common cases of myopia, a gradual diminution of distinctness; but at a certain tolerably constant point (considerably

beyond the alleged far point) the object suddenly appeared to become wider and more indistinct, so that the patient could still distinguish the features up to about 6', but could not at 10' distance even discern the outlines of the picture.

Although he could see distant objects clearly when a concave glass (No. 30) was placed before his eye, yet a certain time was necessary for this, and he felt that the tension of his eye changed—his description of this sensation corresponding exactly to that experienced during a change of accommodation. But if the same weak concave lens was moved rapidly past the eye, vision was not improved; and Von GRAFE therefore thinks that in the latter instance the necessary changes in the refraction of the eye could not be attained in a sufficiently short space of time. If, however, whilst the patient was still looking at a distant object, a strong concave lens (No. 6) was placed before the eye, he could *instantly* see distinctly, and did not experience the above-mentioned sensation of a change of accommodation; moreover, the distant objects appeared at once perfectly distinct, even when this strong concave glass was moved rapidly past the eye.

From these facts Von GRAFE thought it probable that, in looking at distant objects, the patient's eye was not accommodated for its far point, but in an opposite direction, for a much nearer, perhaps even its nearest point of distinct vision. In order to ascertain the accuracy of this supposition, he excluded one eye from participation in the act of vision by partially covering it with his hand, and then examined its position during the accommodation of the other eye.

It is a well known fact that there is no exact dependence between the convergence of the optic axes and the accommodation changes of the eye. This may be easily illustrated by the following experiments:

1. If we place moderately strong convex or concave glasses before normal eyes (whose power of accommodation is also good), they will see an object at a few feet distance sharply and distinctly, and there will be no alteration in the position of the optic axes, although a change in the accommodation is necessitated by the application of the convex or concave lenses.

2. If we place a prism, not too strong, with its

base outwards before one eye (whilst the eyes are fixed upon an object at a few feet distance), this eye will move inwards in order to see the object sharply and singly, the convergence of the optic axes is consequently altered, whilst the accommodation remains the same. In this way the relative independence of the two functions is clearly proved; but yet this independence is only exceedingly limited. Von Graef thinks that this apparent independence is entirely a product of the impulse for single vision, which makes itself felt when both eyes are open, and that, owing to this, the natural dependence of the two factors is to a certain degree relaxed. For as soon as the binocular act of vision is annulled, the natural dependence shows itself by the fact, that every change in the accommodation is accompanied by an alteration in the convergence of the optic axes. If, whilst a person accommodates with the one eye alternately for near and distant objects, we partially cover the other eye with our hand, so as to prevent its seeing the object (but yet permitting us to watch its position accurately), we find that, whenever the state of refraction increases (accommodation for near objects), the covered eye always moves inwards when the state of refraction decreases.

Von Graef therefore took the position of the covered eye as an index for the change in the state of the accommodation in the other eye, in order to ascertain the exact nature of myopia in distans. "For if the eye, in looking at a distant object, was not accommodated for its far point, but for a contrary direction, the other covered eye ought, when the object is gradually moved away beyond the far point, to deviate slightly inwards; and this did in reality happen, and, in fact, just at the moment when the sudden indistinctness of vision occurred. Besides this, it also appeared that, if the patient looked first at a distant object with the naked eye, and a weak concave lens (No. 30.) was then placed before it, the semi-covered eye deviated slightly outwards—a proof that the state of refraction was diminished. This occurred simultaneously with the sensible change in the 'tension of his eyes' which the patient experienced. If, on the other hand, strong concave glasses (6) were held before the eye, in which case distinct vision instantaneously occurred, not the slightest deviation in the position of the other eye appeared, from which I concluded that now, also, no alteration in the condition of accommodation of the eye had occurred, and that consequently the eye was previously, in looking at distant objects, in almost its maximum state of refraction, or, at all events, more adjusted for its near than for its far point.

"It would therefore appear that, in myopia in distans, the comparatively small circles of disper-

sion which distant objects would produce as long as adaptation for the far point was preserved, are in some way incompatible with the act of vision, so that under their influence an impulse for the induction of an opposite condition of accommodation arises." \*

Persons suffering from this peculiar form of myopia in distans are enabled to see most accurately at a distance with very weak concave glasses. Their far point is at a normal distance from the eye, their vision is perfectly good, only when accommodating for their far point a sudden spasmotic increase in the refraction of their eye occurs, and the object appears dim and indistinct.

This affection is undoubtedly very rare. Donders thinks that myopia in distans is often due to abnormal dilatation of the pupil. When speaking of spasm of the ciliary muscle, I shall hereafter show that there may be apparent myopia in distans, the patient seeing better at a distance with a slightly concave lens, and yet his eye be hypermetropic, and not myopic; for upon the instillation of a strong solution of atropine, and consequent paralysis of the ciliary muscle, he requires convex, and not concave glasses for distant vision.

The degree of myopia is easily determined according to Donders's method. If, for instance, a myopic person can read No. 1 of Jager up to a distance of 10", his far point lies at 10", and his myopia = 1-10; for with concave glass of 10" focus he would be able to unite parallel rays upon the retina; for does not this glass render parallel rays so divergent as if they came from a distance of 10" before the eye? We at the same time obtain a clue as to what glasses the patient will require for distant objects.

But although theoretically a concave glass of 10" focus should be the proper one, we find in practice that it would be too strong. This is due to the convergence of the optic axes, for this convergence prevents the eye from accommodating itself for its far point, the latter is only attainable when we look at distant objects with parallel optic axes. We should therefore find that our patient would perhaps require concave glasses of 12" or 13" focus.

Nothing is easier than to determine whether or not the glass thus found accurately suits the patient's sight. We have but to let him look through the proper concave glass at No. 20 of Jager's test-type, placed at a distance of about 20', so that the rays would impinge in a parallel direction upon the eye. In our supposed case, the spectacles would be No. 10 concave. With these he can read Nos. 19 and 20 fluently. We

now alternately place very weak concave or convex glasses before the spectacles, and try their effect. If slightly concave glasses improve vision, the original glasses (No. 10) are too weak; if, on the other hand, convex glasses improve it, they are too strong. If neither the one nor the other render any improvement, the spectacles suit exactly. Let us illustrate this by a few simple examples:

A comes to us with a myopia = 1-10, we give him concave glasses of 10" focus,\* and tell him to read No. 20 at 20' distance. He can do so, and even see No. 19, but somewhat indistinctly. We place No. 60 convex before the spectacles, and find that this renders the letters clearer, convex 50 improves vision still more (with it he can read No. 18), but convex 40 renders it more indistinct. The original glass (concave 10) is, consequently, somewhat too strong, and, in order to suit the patient's sight exactly, we must deduct 50 from it. His myopia is, therefore, 1-10-1-50; consequently, = 1-12 $\frac{1}{2}$ . We give the patient concave 13, and find that neither concave or convex glasses render any improvement. He is therefore accurately suited.†

B also appears to have a myopia = 1-10. He is tried in the same way with concave 10. In his case we, however, find that convex glasses render his vision more indistinct, but that concave glasses improve it—concave 50 most of all—we therefore have to add this to the original glass (No. 10), which was too weak. His myopia therefore = 1-10 + 1-50 = 8 $\frac{1}{2}$ . We try concave 9, and find that vision is not improved by any weak convex or concave glass.

Another patient desires to have spectacles which will enable him to see objects at a distance of 2' (for instance, the music whilst playing the piano). For distant objects he requires concave 12. How are we to find the right glasses for objects at 2'? Simply thus: If his myopia equals about 1-12, the glasses to see with at 24" will be about 1-12 + 1-24 = 1-24. Hence concave 24 will suit him for seeing at 2'.

In the same way we can find what glasses are required for reading at 1' distance in a myopia = 1-6; —1-6 + 1-12 = 1-12. Concave 13 would be required for this purpose. We shall, however, find that the patient requires a somewhat weaker glass, because the convergence of the optic axes to a point 12" distant already necessitates an accommodation for a nearer point.

\* In Germany, and at the Royal London Ophthalmic Hospital, Moorfields, the concave glasses are numbered according to their focal length (which is negative).

† The distance between the glass and the eye (about half an inch) we have not calculated, in order to render the formula as simple as possible.

As the amount of the range of accommodation (A) which the patient possesses very materially influences our choice of spectacles, and the question whether or not they are to be used for near objects, we must, in the next place, shortly consider how the range of accommodation is to be tested in a myopic eye. We may do this in two ways:

1. We let the patient read No. 1 of the test-type, and, by alternately moving it nearer and further from the eye, we ascertain his near (p) and far (r) point. Let us suppose that p = 3", and r = 6". His range of accommodation is found by the formula—

$$A = 1 - p - 1 - r, \text{ therefore } A = 1 - 3 - 1 - 6 = 1 - 6$$

2. DONDESS has lately, however, preferred the following plan:—He gives the patient those glasses which neutralize the myopia, and enable him to see distant objects distinctly (by means of which he can therefore unite parallel rays upon the retina). Let us again suppose that No. 10 (concave) is the weakest glass with which he can read No. 19 or 18 quite distinctly and sharply at 20' distance. His far point will, therefore, with concave 10, lie at infinite distance ( $\infty$ ). With the same glass we now try how near he can read No. 1 comfortably and with ease; let us suppose that this be at 5", his A therefore = 1-5, for r =  $\infty$ , p = 5, A = 1-5 - 1 -  $\infty$  = 1-5.

The great advantage of this method is, that the patient really accommodates for his far point, which is not the case in the former plan; for owing to the amount of convergence at 6", the patient cannot relax his accommodation sufficiently to accommodate for his far point.\*

Short-sighted persons often inquire whether they may wear spectacles. Now, all practitioners are, I think, agreed as to the advisability of allowing myopic persons spectacles, for the purpose of seeing distant objects. For we thus change their eyes into normal ones, and enable them to unite parallel rays upon the retina. We should, however, prescribe the weakest glass with which the patient can see clearly and distinctly at a distance, so that he may only make use of a minimum of his power of accommodation, and not have to strain it unduly when observing near objects. For we must remember that he will but seldom have to look for any length of time at a distance, but will alternately observe near and distant objects. One moment looking at something on the opposite side of the street, the next into a shop window, or at some object near at hand. Now, if the glasses are too strong, he is already obliged to use more than a minimum of his power

\* We have already (p. 21) explained the method of testing the range of accommodation with a strong convex lens.

of accommodation when observing distant objects, and will consequently have to make use of a still greater amount, (perhaps almost the whole,) when looking at things but a short distance from him. His myopia will therefore soon increase.

There can also be no harm in allowing short-sighted persons glasses for the purpose of seeing things at a few feet distance (e. g., playing the piano, &c.)

The patient may, however, also desire spectacles for reading, writing, &c. Now, DONDESS thinks that although it is advisable to give myopic persons at first weaker glasses for reading than for distant objects, we should at a later period, if their range of accommodation be good, give them (even for reading) spectacles which completely neutralize their myopia.

It is still, however, a much debated question whether short-sighted persons should be allowed glasses for reading, writing, &c. DONDESS strongly recommends it (except in exceptional cases) for the following reasons :

1. Because strong convergence of the optic axes is necessarily paired with tension of the accommodation. The latter is an associated action, not arising from the mechanism of the convergence, but existing within the eye itself, and may consequently easily lead to an increase of the myopia. Besides this, the pressure of the muscles upon the eyeball appears to be greater when the optic axes are convergent than when they are parallel, and this increase of pressure cannot but tend to give rise to the development of posterior staphyloma.

2. On account of the habit which short-sighted persons have of bending their heads forwards during reading or writing. This must cause an increased flow of blood to the eye and an increased tension within the eye itself. Owing to this the development of sclerotico-choroiditis posterior, effusions of blood, and detachment of the retina, which are so apt to occur in short-sighted persons, are undoubtedly greatly promoted. For this reason we should always tell these patients to read with their head well thrown back, and to write at a sloping desk.

But it may, on the other hand, be urged that it is just in looking at near objects that myopic persons have an advantage, for they can see them remarkably distinctly. And the great danger is, that after reading for a short time with spectacles, the patient on getting somewhat fatigued will, instead of laying the book aside, approach it nearer to the eye, in order to gain greater retinal images, and thus strain and tax his power of accommodation too much. If we, for instance, give a patient, whose far point lies at 8", a pair of spectacles which enable him to read at 12", he will, if not very careful, after a short time almost

insensibly bring the book nearer to his eyes, and thus have to make use of a greater amount of accommodation. If he does this frequently, he will soon increase his myopia. The greater the range of accommodation the less harm will spectacles do, and *vice versa*.

Spectacles may also be used for near objects in those cases of myopia in which asthenopia (depending upon insufficiency of the internal recti muscles) shows itself as soon as the patient has read or worked at near objects for a short time.

Whilst these forms of myopia may be furnished with spectacles for near objects, it is very dangerous to permit their use in patients whose range of accommodation is very limited, and who, moreover, suffer perhaps from such an amount of amblyopia (generally depending upon sclerotico-choroiditis posterior) that they cannot read No. 4 or 5 of JAGER even with the most accurately chosen glasses. Such patients will bring the object very close to the eye, in order to obtain large retinal images, the accommodation will be greatly strained, the intra-ocular tension be increased, and great mischief will be sure to ensue. If there is much amblyopia, spectacles should not be permitted at all for near objects."

#### STRANGULATION OF THE COLON:

*A Paper read before the District Medical Society for the County of Burlington, New Jersey, at the July Meeting of 1863.*

By S. C. THORNTON, M.D.,  
Of Moorestown, N. J.

Not having until recently seen, and never having heard of a case of strangulation of the colon caused by the appendicula vermiciformis, I have thought that it might be interesting to this Society, were I to exhibit a pathological specimen of this disease, and give you also its history.

O'BRIEN has hinted at the possibility of such a disease, but he does not say that such an one has ever occurred, and he is the only writer with whom I am at present conversant, who even admits the fact that it may occur. I have no doubt that such cases have occurred, but post-mortem examinations alone can decide this causa mortis, and I have as little doubt but that the real cause has not been even surmised in fatal cases of this disease,

The subject from whom this specimen was taken, was sixty years of age, rather below the medium height, short and thin, a hard-working, industrious, and sober man.

His general health may have been somewhat impaired by alternate intestinal constipation and relaxation to which he had been for many years

subject. And during this length of time he would reply to his friends' inquiries respecting his health, that excepting the "bellyache" he was tolerably well. Excepting an attack of sub-acute rheumatism in 1861, a milky diarrhoea last March that was prostrating, and the state of the bowels previously mentioned, he had had no sickness during the last fifteen years of his life till his colon became strangulated. During the attack of chalky diarrhoea the pain was severe, and over the ileo-cecal valve excessive tenderness forbade much pressure.

The "bellyache" and irregular state of his bowels lasting for years, with other symptoms, led me to suspect that the primary and radical cause of his death may have been one of long standing. Such being the case, the irritation consequently engendered would, according to one of the well-known laws of physicians—"ubi irritatio ibi fluxus"—by increasing the thickness of the vermiciform process hurry on the slow, sure, and fatal issue by strangulation.

The liquid stools or diarrhoea merely postponed the "evil day," and were his *unita spes salutis*, so long as they were able to escape through the decreasing dimensions of the strictured colon.

Although I was mistaken as to the particular species of obstruction which was discovered to be one, I did not even suspect it *ante mortem*. I believe so far as the treatment went, it was an error on the safe side, a conscientious desire to remove an obstruction that was practically impossible by medicinal treatment. A palliative or surgical treatment, or both, would have been the proper one. The impossibility of correctly diagnosticating this disease, the irreparable injury the strangulated intestine suffers during the medicinal treatment, even the establishing of an artificial anus in the manner proposed and executed by Mr. PHILLIPS, of England—an alternative between establishing a most loathsome disease and death—are sufficient to prevent this disease from being satisfactorily or successfully treated.

The following is the history of the case: May 16, A. D. 1863, he sent for medicines to ease pain and allay vomiting. I sent opium and calomel.

May 17, 9 A. M., vomiting every thing as soon as swallowed; pain very severe over the *caput coli*; extremities cold; pulse very feeble, quick, and not frequent—had lately, he says, had a diarrhoea; some fluid and white scybala I inferred from his description.

Prescribed cathartics; apple brandy and opium, after the first had purged; also warm fomentations across the bowels. 9 P. M., purgatives have failed and he is no better. Tried an enema of *Ant. et. pot. tart. Oij* to *Aq. Oij.* which he could

not retain at all. This morning's treatment continued.

18th. Abdomen tympanitic, much jactitation, anxiety, and tenesmus frequent, other symptoms the same. Prescribed *Hyd. chlo. mit. gr. iij.* and *Tr. rhei et senna f. 3j*; every two hours, brandy continued. 9 P. M., hiccup and stercocephalous vomiting. Tried tobacco-smoke enemata, and also failed to pass stomach tube beyond the sigmoid flexure, perhaps on account of the stricture said to exist by O'BIRNE in the ordinary state of the bowels. Chloroform and camph. for singultus, other medicines continued.

19th. Symptoms all better and has had a watery evacuation. Prescribed *Ol. ricini f3ss.* in a gill of porter every two hours, calomel continued. 10 P. M., the same treatment continued.

20th. Gums suppurating, but no mercurial fetor, no alvine discharge, other symptoms improving. Prescribed calomel every four hours. 10 P. M., all the symptoms much worse, but mind clear, groaning with pain and retching continually.

Prescribed morphia half a grain every two hours until he gets asleep, all other medicines to be omitted.

He had several naps—at 3 A. M. he was dead.

*Secatio cadaveris horas triginta post mort.* Small intestines much inflated, and with the exception of the small portion adjoining the colon in a healthy state, and contained no hardened faeces, much less none impacted.

The colon presented an opposite appearance, being thickened, contracted, and contrary to my diagnosis, empty. At, however, the junction of the ileum with the colon, the mechanism of the disease was sufficiently obvious. A portion of the colon, six inches in length, doubled on itself, and forming a knuckle, was completely and firmly encircled by the *appendicula vermiciformis*. The process was much thickened, inflamed, and approaching the gangrenous state, its extremity united by plastic exudation, both to the mesentery and to its junction or origin at the *caput coli* formed a ring about an inch in diameter allowing the colon to be moved around; no adhesion existing between the intestine and the ring, and apparently the inflation alone of the intestine preventing it from escaping from its confinement.

The knuckle of the colon and an equal length of the small intestine were in a gangrenous state. The real point of importance and difficulty in the question is the diagnosis of the obstruction. The scybala led me to infer the obstruction might be fecal, which must have passed the stricture in a semifluid state and become hardened by subsequent and partial absorption.

Diarrhoea prior to complete obstruction, is

considered a point of some importance, and sternocæreous vomiting is said to occur sooner from obstruction in the large than small intestines.

But in the case of a child twelve years of age, I attended two years ago, no premonitory symptom whatever existed. He had been unusually well the day before I saw him—running, jumping, etc. He had very little pain, and vomited very seldom. An organized band an inch and a half in width encircled a portion of the ileum. I found post-mortem accounted for, the immense doses of purgatives having no effect.

Mr. PHILLIPS thinks if the constipation be complete, and vomiting of faecal matter be continued for three or four days, a surgical operation would be justifiable, because it affords a greater chance for the preservation of life than ordinary means.

If the indications be sufficient to satisfy the surgeon as to the seat of obstruction there, Mr. PHILLIPS says the incision should be made, and if there be much doubt, on the median line, especially if the obstruction be near the termination of the ileum.

Other operators, AMUSSAT, LITHE, and CALLISEN, advise different operations, which they think less likely to cause peritonitis.

N. B.—This pathological specimen with some others, I am willing to place in the pathological museum.

#### TUMOR IN STOMACH.

By P. J. ROEBUCK, M. D.,

Of Derry Church, Pa.

The subject in whom this tumor formed, was a female approaching, very nearly the critical period of her life. I was called to see this case, March 24, 1863. On examining her I found she had an attack of bilious fever, and treated her accordingly. Convalescence being unusually tedious, I concluded on a more rigid examination of my patient and in so doing, found a small, painful, and throbbing tumor, situated underneath or on a line with the imaginary junction of the epigastric and umbilical regions. I now continued to direct my main treatment to the liver affection, with a cataplasm to the seat of the tumor.

On a verbal examination found that the lady's infirmity could be traced to a period of twenty years, and supposed my patient to be in a serious condition. The hepatic derangement having been corrected, and the pain in the tumor relieved, I determined upon the internal and topical use of the preparations of iodine, etc. My patient improved slowly and I being called to the memorable battlefield of Gettysburg, did not see her for a considerable time.

On my return home the lady again applied to me for aid. The symptoms now having become graver, I informed her of the improbability of her recovery, and treated her with a view only to relieve her sufferings, leaving the case mainly to the force of nature.

The tumor had now become more painful, pointed and immovable; it had descended a little lower than the umbilicus and somewhat to the left of the mesial line. Constipation, obstinate vomiting, with alternating diarrhoea, became very troublesome features of the disease, as it approached dissolution. The matter ejected from the stomach had the appearance of coffee grounds.

The patient was extremely emaciated at the time of her death, being but little more than a skeleton.

*Au opsy.* This cleared up all obscurity in reference to the tumor, its connections, character, etc., and resulted as follows:

The tumor was a fibrous one located in the pylorus of the stomach, which organ had been much displaced. The stomach, bowels, and peritoneum were extensively inflamed.

The stomach was much enlarged in capacity, and its mucous coat, as it were, abraded with a number of small ulcers upon its surface.

The immobility of the tumor was due to the effusion of coagulable lymph upon the surface of the peritoneum, which by its organization directly attached the stomach to the vertebral column.

The weight of the tumor and the undue retention of aliment in the stomach, kept the gastro-parenchymal ligament, and the lesser omentum, in a state of tension, thus attenuating them and dragging the liver to a small extent along with the stomach to its abnormal position.

The increased capacity of stomach was no doubt also due to the retention of indigestible food and its decomposition, thereby causing an evolution of gas.

The difficulty in the passage of aliment from the stomach to the bowels naturally increased *pari passu* with growth of tumor thus causing emesis and disease of stomach and bowels.

In the gall cyst five biliary calculi were found. These concretions were of an ordinary hickory-nut size, of light brown color, irregular, each bearing marks of its neighbor's pressure.

The formation of gall stones, no doubt, was incidental, but would, in the course of time have destroyed life. I infer from the occasional paroxysmal pains from which this patient suffered much that other smaller concretions were carried off through the ductus communis choledochus.

This case proves that we should not come to hasty conclusions as regards abdominal tumors, a thing taught by our Alma Mater, nor was I the

only one who could not diagnose the case. Four professional brethren, for whom I cherish deep feelings of regard, must now in the face of a post-mortem, with me, confess their want of knowledge in diagnosing this tumor.

The symptoms of the patient were such as to indicate constriction or a diminution of calibre in the pyloric orifice of the stomach, but the seat of the tumor and its immobility were not favorable to such a conclusion.

#### BUBOES WITHOUT CHANCRÉS.

By A. CHAPIN, M.D.,

Of Massachusetts.

The following cases are furnished in consequence of the statement by Prof. SMITH, of Baltimore, in one of his hospital lectures, last January, a report of which was published in the REPORTER of April 30, that "some maintain that there can be no bubo without chancre." The cases taken together, have also in themselves intrinsic interest.

1. On the 10th of February, last, Mr. ——, an unmarried man, sent for me to see him, sick in bed. He had a large bubo in the right groin, already in the suppurative stage, which I opened. Soon a hardened, painful tumor appeared in the left groin, but was easily dispelled with discontents. He had no chancre and stated that he had none, and that he had had no scalding, pain or soreness of the urinary passage or of any of the genital organs, and no unusual discharge from the urethra. His statement I had no reason to doubt. He admitted frankly that some weeks previous he had had suspicious sexual intercourse. His recovery was entire, with no new symptoms.

2. On the 15th of April following, a married woman called on me with a well-developed bubo in the right groin. She had no chancre, and stated that she had had no swelling of the genitals and no soreness, scalding, or discharge, but merely some shivering in the coming on of the bubo, and that her husband had been in no way tainted by her. The bubo disappeared rapidly by painting it daily with tincture of iodine. Circumstances led me to suspect that she had received the infection from my former patient, Mr. ——, and on inquiry she admitted it to be so.

3. May 4th, another married woman called on me with a bubo also, in the right groin, near the period of suppuration. She had had no pain, smarting, or discharge, unusual, about the genitals. The bubo was dispersed rapidly by the daily painting with tincture of iodine as in the former case. About the same time her husband was

attacked with severe ophthalmia, which I regarded and treated as gonorrhœal. He, however, had no other symptoms of the disease. The woman admitted, though cautiously, that she had contracted the disease from the same Mr. ——, my first patient.

As an episode in the quiet life of a moral country village, the foregoing has much significance. Medicinally it has interest. In my own experience it is new to encounter a succession of cases so similar in their operation, where the genital and urinary organs were so little disturbed and the disease manifest itself so uniformly in the lymphatic glands. The infecting virus would seem, too, to have been specially unirritating until absorbed into the system.

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
June 1, 1864. }

SURGICAL CLINIC OF PROF. S. D. GROSS, M. D.

Reported by Dr. Wm. H. Labrop.

#### Necrosis.

M. K., aged 9 years, is suffering from a small ulcer immediately beneath the internal angle of the eye. Upon examination with the probe, necrosed bone is distinctly detected. At the same time the lachrymal secretion is noticed to be abnormally increased. The patient has been taking for the past two weeks the following prescription:

B. Potassii iodidi gr. iiij  
Hydrg. chlor. corrosivi gr. 1-16 M.

Three times daily.

The bowels have, at the same time, been kept open by purgation. No manifest improvement has as yet taken place, but it is advisable to continue the same treatment a short time longer in the hope that the diseased structure will be absorbed. Should this plan fail, it will be best to cut down upon and scrape the bone, an operation which is to be avoided if possible, as it leaves an ugly scar upon the face.

T. N., aged 40 years, fractured his lower jaw last October. An ulcer is now seen upon the right cheek. On examination with the probe, the instrument passes into the patient's mouth, showing entire perforation of the cheek. A piece of necrosed bone, one-fourth of an inch long, is found and extracted, thus removing the cause of the ulceration.

#### Sprain of Shoulder.

J. S., aged 35 years, is suffering from a sprain, resulting from being thrown from a carriage, and striking upon his left shoulder. He was told that he had a dislocation, but it is impossible to mistake the present injury for a dislocation after a proper examination.

The head of the humerus may be dislocated as follows: Downward into the axilla, forward and

inward against the ribs, and backward upon the scapula, besides which it may be partially dislocated forward and upward.

In the present case no indication of such a displacement can be detected, and moreover the patient can raise his hand to his head and also to the opposite shoulder. His elbow also can be readily brought to his ribs. Nor is it a case of fracture, as there would then be crepitus, præternatural mobility and loss of function. The treatment is antiphlogistic. Great benefit is derived from the use of the douche of hot and cold water. The hot water is first poured on from a vessel raised about fifteen inches from the part. This is followed immediately by a similar stream of cold water. Then gentle passive motion should be instituted. Acetate of lead and opium and soap liniment may be applied. The bowels should be kept open by purgatives and the patient should not be allowed to take rich or stimulating food or drink.

#### Contraction of Tendons—Tenotomy.

B. H., aged 16 years, has a partial paralysis of the muscles of the right hand and contraction of the flexors. He has been operated upon before for this disorder with no apparent benefit. On the present occasion the tendons of the palmaris longus and the flexor carpi radialis, and also that of the adductor pollicis are cut, enabling him to extend his thumb and fingers to a much greater extent. The patient is not, however, encouraged to expect permanent benefit.

#### Fibroid Tumor.

E. C., aged 15 years, has a fibroid tumor of the left lower eyelid, pressing against the conjunctiva, elevating it and producing inflammation. The tumor is hard and deeply imbedded. Such a growth, especially when recent, is sometimes absorbed under the influence of purgatives and mercurials. This plan has been tried in the present case and does not have the desired effect. Resort is had therefore to extirpation with the knife. Making the incision horizontally in order that the scar may coincide with the wrinkles of the eyelid, the tumor is seized with the tenaculum and dissected out. As the external wound is only one-fourth of an inch in length, no suture will be required.

#### Irritable Bladder.

L. McV., aged 4 years, has symptoms of stone in the bladder. Chloroform having been administered, a search is made for stone, but with no satisfactory result. There is apparently a reteform condition of the muscular fibres of the bladder, so that on the introduction of the catheter all parts of the bladder convey the impression usually given by a calculus. The patient's friends state that he suffers less at night and is worse in wet weather. A former prescription of *uva ursi* and soda having failed to do good, the following is advised as an antineuralgic and anodyne medicine.

B. Quinque sulphatis 20 gr.  
Strychnia gr. 2  
Acidi arseniosi

Morphis sulphatis 1A gr. 1

st. ft. pulv. No. 30. *Take one four times daily.*

#### Substitute for Albumen.

In consequence of a prize having been offered in France for the invention of a substitute for albumen prepared from hen's eggs, an albumen equal in quality and much cheaper has been discovered, which is made from fish roe.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Permanganate of Potash in infecting Ulcers, Ozena, etc.

After enumerating the divers disinfecting agents lately proposed, and coal tar in particular, the author, (Dr. H. Ploss, of Leipzig,) does not hesitate to give his preference, at least under circumstances, to the permanganate of potash already recommended by GIEWOON in 1857, and later by W. HOFFMAN, of London, and by Dr. RECLAM.

This salt disinfects rapidly the most fetid ulcers, in the proportion of two scruples to eight ounces of water in lotions or injections. The most favorable method is to cover the wound with lint soaked with that substance, and to place above this a layer of raw cotton, the latter having the property of filtering the air, and to retain the germs which determine putrid fermentation. In cancers of the womb it is necessary to repeat the injections several times a day.

The permanganate of potash serves also a very good purpose in freeing the hands from any bad smell contracted in post mortem examination. For this purpose a stronger solution may be used (*m. i* to *oz. 1*). It is preferable to chlorinated water, not only as a disinfectant, but also as preservative of contagion.

In ozena a weaker solution should be used (*m. i* to *oz. viii*) and to correct the odor of decayed teeth, two drops of a concentrated solution of this salt may be used in a glass of water as a wash, or a few drops of a weak solution may be introduced in the cavity of the tooth on a small piece of cotton.

The same solution will be found useful in correcting the bad smell of the feet.

It is probable that the therapeutic application of this salt will, by further experiments, be extended to many other cases, such as scald head, fevers, pityriasis, etc.—*Paris Med. Gazette.*

#### Decoction of Walnut Leaves for Baths and Douches, in the Treatment of Glandular Engorgements, Scrofula, &c.

This method employed for years at Angers, for the cure of lymphatic or scrofulous children, has been revived by Dr. LAFETRERE, who claims by it the most signal success. He has cured inveterate cases of glandular swellings around the neck by pouring over the tumor a strong decoction of the walnut leaves, daily. Recovery has been prompt beyond his expectation. In some cases of very hard tumors, this treatment has been preceded by the application of a few leeches and a light blister. Tepid baths of the same decoction are administered to patients, regulating its strength according to the age and irritability of the patient.—*St. Louis Med. and Surg. Journal.*

#### Application to the Eyes.

In using the "atropine paper" a decided objection has been urged against it because of the stiffness and difficulty of removing it. A writer in the *Brit. For. Med. Chir. Rev.* states that gelatine when rolled in thin sheets, the thickness of writing paper, and imbibed with any desired salt dispenses with the objections found in paper, and has the advantage of easy removal after absorption of the contained salt.

## Treatment of Delirium Tremens.

Will you allow me, by means of your widely circulating journal, to draw attention to a plan of treating delirium tremens, which I have long employed and think deserves to be better known.

As far as I have observed, the natural duration of an acute attack, under favorable circumstances and ordinary treatment, is about three days, during which time the system seems quite insensible to large doses of opium, either swallowed or injected; but directly digitalis is combined with the opium, sleep is procured. May we not therefore regard it as a specific? Such, I believe, extended experience will prove it to be.

In the summer of 1830, being called, in the absence of my principal, to attend a master mariner, on the Suffolk coast, quite unmanageable from delirium tremens, and failing to procure sleep by opium, I was first induced to try the effect of adding digitalis in very full doses. The second dose was followed by thirty-six hours sleep and perfect restoration. In two days he continued his voyage. Many months afterwards the same medicine was sent for from a distance, where he was suffering another attack, which baffled treatment. He was again speedily relieved. After that he got an attack at sea, when quite unprovided with medical aid, and died.

Of late years, a plan of treatment by half-ounce doses of tincture of digitalis has been commended, and has sometimes succeeded; but I still prefer a smaller quantity combined with opium, as in the following recent cases, where the plan was early adopted, without giving time for the disease to exhaust itself.

C. D——, retailer of beer and wine, fell from the steps whilst cleaning his window, and, being a very heavy man, severely injured his right ankle. Erysipelas inflammation followed, with great swelling up to the knee, and constitutional disturbance of a gouty character. He then got delirium tremens, and, leaving his bed partially dressed, escaped from the house and attendants, pounding his unfortunate limb at every step. We got him back to bed, gave him half a drachm of Battley's sedative solution and the same quantity of tincture of digitalis directly, and repeated it in two hours, when he fell asleep: all symptoms of delirium vanished, and he required no further treatment than that applied to the injured limb.

E. F——, a clerk, working over hours, and living by suction, was brought home in what was called a fit. I found him with symptoms of delirium tremens, and treated him with smaller doses of the combination spoken of, with advantage. Next day he got up and went out against orders but was incoherent, apprehensive, and excited, with muscular tremors, and illusions optical and auditory. I directed him to be walked about, and carefully watched for some hours; then went to bed, and given draught containing tincture of digitalis one drachm, Battley's solution one drachm. This procured sleep and restored the mental equilibrium. It remained to treat him for haematemesis, and other hemorrhagic tendencies, and he soon returned to business.

Hoping the plan now indicated may prove equally effective in the hands of my medical brethren, and that they will kindly inform me of the results in their practice.—S. W. ROBINSON, M. R. C. S., in *London Lancet*.

## Red Blood in the Veins.

The *British Med. Jour.* states that after a series of experiments, the following are the conclusions arrived at by BROWN SEGUARD, in reference to the

color of the blood in the veins. 1. The blood is of a less deep color in the veins or limbs paralyzed by section of their nerves or by destruction of a part of the spinal cord, than in the veins of sound limbs. 2. The diminished depth of color in the veins of paralyzed limbs is due, at least in part, to the state of inaction of the muscles. 3. Paralysis of the blood vessels may also produce a reddish color in the venous blood. 4. It is especially through their influence in exciting muscular contraction, that the nerves and galvanism increase the intensity of the dark color in venous blood.

## Camp Diarrhoea.

This common and obstinate disease so little amenable to treatment has been found by Dr DAVIS, of the 34th Iowa Vols, to readily yield to the following formula: R. spt. etheris nit. dulc. ʒij: tinct. opii ʒij: strychnia gr. M. To be given four times each day in doses of from thirty to forty drops. A majority of cases yielded in forty-eight hours.—*Amer. Med. Times*.

## The Telegraph Suture.

This consists of a fine copper wire covered with gutta-percha. It is recommended by Mr. CLOVER on account of its pliability and the ease with which it can be knotted. It has been employed as an interrupted suture in hare-lip, where it is as readily removed as the silk ligature, leaving a less scar than the hare-lip-pin.

## To render the taste of Medicine Palatable.

It has been ascertained by M. GRAW that the intensely bitter and nauseous taste of many drugs may be completely disguised by mixing them with chloroform. It is claimed that even the bitter taste of quinia and the peculiar odor of asafoetida can be thus destroyed.

## Preservation of Animal Substances.

In a late number of the *Reader* it is stated that M. PASTEUR has reported to the Academy of Sciences of Paris, in February, a new and simple process for preserving animal substances, the invention of M. PAGLIARI. The liquid is composed of alum, benzoin, and water; the surface of the meat is covered with it, as with a varnish, and then it is allowed to dry in contact with the air. Decomposition, he states, is completely prevented for any length of time. The thin film, though invisible to the naked eye, acts as an antiseptic filter, preventing, according to PASTEUR's experiments, the entry of fermenting and decomposing matters, whilst permitting evaporation to take place freely.

## Bromides in the Water of the Dead Sea.

Some recent analyses of the water of the Dead Sea, taken from near the embouchure of the Jordan, laid by M. ROUX before the Academy of Sciences, show the extraordinary quantity of 206 grammes of salts per litre (3,000) grains in 1½ pint imperial. No mineral water is so loaded with saline matter or contains so much bromine. It is probable, says M. ROUX, that the enormous proportion of bromide of magnesium which it contains may impart to it some special therapeutical properties. A cubic metre of this water contains more than three kilogrammes of the bromide, and it would be of great interest to try its effects in scrofulous cachexia, inveterate syphilis, rickets, disease of the bones, chronic affections of the respiratory organs, etc.—*Medical Times and Gazette*.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 11, 1864.

~~ED.~~ The absence of the editor from home for most of the time during the past month we trust will be accepted as an excuse for whatever has been lacking during that time, particularly in the editorial department. He is "lengthening his cords and strengthening his stakes" in view of the commencement of the new volume in July, when some important changes, much to the advantage of subscribers and the profession, will be made. These changes will soon be announced.

## UNIVERSITY OF PENNSYLVANIA.

The Trustees of this ancient school of medicine have just elected Dr. ALFRED STILLE, of this city, to the chair of the Theory and Practice of Medicine in the Medical Department, recently vacated by the voluntary retirement of Dr. PEPPER. In this change the University has lost one good man, but gained another in his place. Dr. STILLE has been long and favorably known in this city as a teacher of medicine. He was one of the Faculty of the Pennsylvania Medical College, and was quite a favorite in that school with students. He is, himself, a hard student, and a most intelligent and successful practitioner and teacher in his branch.

In filling the place, the Trustees labored under an *embarras des riches*, as they had before them as candidates several very able and justly distinguished names, and it must have been difficult to choose between them. How long will it be before the French system of *concours* or something like it shall prevail in this country in filling vacancies in our medical colleges? It would be the most effectual way of securing the best talent in our schools.

Both the medical colleges of this city are gradually strengthening their faculties, and adding to their facilities for teaching. The rapid increase of their classes, and the prospect of a still greater addition to their numbers makes it incumbent on them to use every means to add to their capability of teaching. The prospect now is that the two medical schools of this city will have nearly or quite a thousand students the coming winter.

## THE BATTLES IN VIRGINIA AND GEORGIA.

The terrible and continuous battles now in progress in Virginia and Georgia, and which are likely to last for some time yet, open a wide field for volunteer surgical aid for the emergency. Many surgeons have gone to the front and are rendering very efficient service—many more are needed. Nurses, also, have volunteered, and been sent forward, and done much to relieve the suffering of the wounded. The testimony is, we believe, universal that the Medical Department of the Army was never so efficiently managed as now.

In this emergency, too, the agents and stores of the Christian and Sanitary Commissions have rendered essential aid and comfort to the wounded. Both these Commissions had their agents, supplies and transportation early in the field, and have been the means of doing much good. They seem to be working in entire harmony with each other, and in subordination to the Medical Department of the Army.

## THE SURGEON-GENERAL'S CASE.

We have received the "Defence of Brig.-Gen'l WM. A. HAMMOND, Surgeon-General U. S. Army," also "Reply of the Judge Advocate JOHN A. BINGHAM to the defence of the accused, before a General Court Martial for the trial of Brig.-Gen'l WM. A. HAMMOND, Surgeon-General, U. S. A."

The charges against the Surgeon-General are much more grave and serious than we had supposed. In response to many inquiries concerning their nature, we reproduce them on another page.

It is not our purpose to review these pamphlets further than to say that the Defence of the Surgeon-General is earnest, while there are points in the Reply that seem to tell very strongly against the accused, and to sustain the charges. It is made to appear that a portion of the Defence is based on forged letters. But it is not our province to prejudge the case. It has, we understand, passed from the hands of the Judge Advocate General to those of the President, and the final decision will probably be rendered before long. Every opportunity seems to have been given Dr. HAMMOND to defend himself from the very grave charges which have been laid against him.

## Notes and Comments.

### What the Medical Department has been Doing.

Since the 9th of May, 1864, to the present date, June 10th (one month), the Medical Department has sent to Belle Plain, Fredericksburg, Port Royal, and White House, surgeons (volunteer, contract, and regimental), nurses, medical students, and attendants, to the number of one thousand. The following recapitulation will interest those who are unaware of the untiring efforts of the Medical Department for the cure of our sick and wounded:

Number of Surgeons sent.....	580
The Volunteer Aid Corps furnished.....	194
Contract Physicians.....	42
Regimental.....	19—255
Number of Nurses, Medical Students, &c.....	165
<hr/>	
Total.....	1,000

The representation by States in the Volunteer Surgical Aid Corps, has been as follows: New York, 48; Pennsylvania, 34; Massachusetts, 24; New Jersey, 24; Michigan, 15; Vermont, 12; Maine, 7; New Hampshire, 6; Indiana, 6; Illinois, 3; Connecticut, 3; Ohio, 2; Virginia, 1; California, 1; Canada, 1; Unknown, 6—Total, 194.

The following are the names of the Volunteer Surgeons that have been sent to the front since the 6th instant: Drs. Sangmaid, Warner, Brewster, Sawyer, Wigglesworth, Massachusetts; Drs. Reiter, McKeenan, Gallagher, Arthurs, Methony, Ure, Pennsylvania; Drs. John S. Cook, W. Piereson, Jr., F. Gauntt, Z. Read, R. S. Vanderslice, New Jersey.

Lieut.-Col. John Wilson, Medical Inspector, U. S. A., has been ordered to make a special inspection of the hospitals of the Northern Department.

### The Money Order System.

Congress has recently passed a law which will probably go into effect as soon as the arrangements are completed to carry out its provisions, which will be of great advantage to publishers, subscribers, and the community generally. We refer to the postal money order system, by which, on payment of a few cents, postmasters are authorized to send an order to another post-office for money deposited at his own. When this system goes into full operation subscribers can pay their subscriptions to the *REPORTER* without danger of having their money lost in transitu.

### Mortality in the Washington Hospitals.

Medical Inspector HANLIN says that the statistics of the hospitals of the Department of Washington, for the last year show remarkable results. The rate of mortality is less than four per cent, while the splendid hospitals of London exhibit a mortality of more than nine per cent., and those of Paris more than ten per cent. In the hospitals of the Bosphorus during the Crimean war, the death rate was twenty per cent., and in those on the Crimea the rate was over fourteen per cent.

## Correspondence.

### FOREIGN.

#### LETTERS FROM DR. W. N. COTÉ.

PARIS, May 26, 1864.

#### The Transformation of Man.

In a third article addressed to the Academy of Sciences, M. TRMEAUX continues his investigations of the causes of the transformation of man at the present period. The Indo-European race, he observes, only presents the same type in so far as it lives on the same soil, but differs in proportion as the countries it inhabits differ. Thus, this race is pure in the south and west of Europe, in Georgia, Circassia, Persia, where the more recent strata predominate. In India, wherever the nature of the soil permits it, there are five races, but in the Teral and the Neilgherries, chiefly consisting of primitive strata subject to rainy weather, the people are dusky and as ugly as monkeys. The chain of the Himalaya is mostly composed of granite, gneiss, gypsum and volcanic peaks; it comprises beautiful and fertile valleys, where its glaciers keep up the moisture of the soil and a most vigorous vegetation. The people there are of various types. Even in ancient times the Persians and Medes were considered a fine race, and they are still the same; and the reputation of the Georgian and Circassian women in the East shows that they have not degenerated. The German type comprises the Scandinavians, and the low countries situated on the same alluvial formation; the Bohemians and Servians offer the strongest Slavonian type, they inhabit older formation. The other Slavonians, it is said, are more or less mixed; but if the soil be examined, it will be found that the geological conditions differ. Hungary, in the centre of these regions, is of modern formation, and therefore both men and animals are finer there. In China, the finest Mongol type is to be found in the neighborhood of Pekin, where the ground is of recent formation; the ugliest type exists on the primitive formation where the sources of the Jenisei are. In Australia, the aborigines located on recent soil are finer than those who inhabit the primitive

formations. In America, taking the zone of the Tropic of Capricorn, we find on the elevated and primitive regions of Brazil, the Balacondos, the most barbarous race of these parts, while the nations inhabiting the rich and recent basin of Paraguay resemble the European type. Hence M. TREMAUX's theory may be simply stated as follows: that the differences of type observable in the human race, are all attributable to the geological state of the region they inhabit; the most beautiful belonging to those inhabiting recent, instead of primitive formations. With all due deference to M. TREMAUX's position and talents, I cannot but consider his theory as somewhat exclusive and one-sided. He seems to forget the influence climate, food, work, education, civilization and religion must need exercise upon both the body and the mind; commerce, agriculture, science and arts have the effect of exercising and developing our corporeal and intellectual faculties. This development must then be taken into account when comparing the different types of mankind. But that the differences between these types should depend upon the geological condition of the countries they inhabit is what I cannot understand.

#### Wens.

Dr. POULET, of Plancher-les-Mines, in the Haute-Saône, sends some statistical remarks on the prevalence of wens in that department, from which it appears that the number of persons afflicted with such appendages is not by any means affected by the nature of the potable water of the country. Thus at Plancher-les-Mines, where wens are very frequent, and at Belfatry, where there are none, the water has precisely the same chemical composition, neither containing any traces of iodine. Moreover the higher we go up the valley, the fewer are the wens we meet with, and at the top of the mountains there are none. But as the ventilation of valleys is much more imperfect than that of open ground, Dr. POULET is inclined to attribute the frequency of wens in these parts to this cause.

#### Auscultation on the Manikin.

Dr. COLLONGUES has invented a figure constructed in such a manner as to enable students to practice auscultation upon it so as to become acquainted with the various noises of wheezing, murmuring, fremitus, etc., produced in the chest. These different sounds are produced by a combination of India-rubber tubes and bellows.

#### Disinfection of Sewers.

The remarks now and then published in the *REPORTER* on the unhealthiness of the City of New York, lead me to refer to a plan of M. ROBINET's for purifying the sewers of large cities, and preventing the pestilential exhalations issuing from them. His plan consists in establishing a communication between the sewers and the furnaces of large manufactures burning coal. By this means a draught would be produced, carrying all the imperfect air into the fire, where it would be decomposed. A

Paris the consumption of coal is about 700 millions of kilogrammes (a kilogramme equals about two pounds) per annum; and supposing the combustion of the tenth part only of this quantity to be turned to account for producing the draught in question, four millions of cubic metres of pure air would be daily carried through the sewers, being seven times the volume of air they can contain.

#### Aneurism of Superior Mesenteric Artery.

At a sitting of the *Société Médicale des Hôpitaux*, Dr. CHAUFFARD presented an interesting anatomical part, an aneurism of the superior mesenteric artery. The patient had presented all the signs of anæmia, such as complete discoloring of the tissues, weak and insensible pulse, frequent hemorrhagy by the rectum. No hæmatemesis, no antecedents of hæmophilia in her family, no external violence, etc. The palping of the abdomen revealed the existence of a tumor under the left false rib with distinct pulsations corresponding with those of the large artery, attended with the general swelling and œdema of the upper part of the abdomen, from the veins and lymphatics being obstructed, and by the usual symptoms characterizing aneurismal affections. The patient died with all the signs of acute peritonitis. Aneurisms of the aorta, the carotid, axillary, brachial, inguinal, gluteal and popliteal arteries have been frequently met with, but aneurism of the mesenteric artery is, I should think, quite a rarity.

#### Injurious Effects of Milk and Coffee.

The American papers will probably reproduce the singular experiment made by M. BERTHOND on milk and coffee, from which it would appear that it is extremely hurtful to digestion. He states that exactly a year ago, a chemist, a friend of his, in his presence placed three vessels on his window-sill, two containing pure milk just drawn before their eyes, and the third having equal parts of the same milk and black coffee. The vessels were covered with little boards to prevent the dust from falling upon the liquids, and before the end of the day the pure milk had turned, while the mixture of milk and coffee remained in the same state. At the end of the year, that is a few days ago, the vessels were again examined, when those which had contained pure milk were found covered with all kinds of mouldy vegetation, without a trace of milk or caseous substance in them, while the milk and coffee not only presented no change of appearance, but had exactly the same taste it had when fresh. Hence, M. BERTHOND and his friend conclude that coffee prevents milk from turning, and that milk is only digestible on condition of its undergoing the process of coagulation, which it does as soon as it enters the stomach; mixed with coffee it becomes indigestive, and is therefore the cause of innumerable indispositions which may occasionally become dangerous. Now you will see that this line of argument is defective in one point. Granted that coffee when alone prevents the coagulation of milk, is it powerful enough to prevent its coagulation when brought

into contact with the acids of the stomach? The experiments described do not prove this. Moreover, as all aliment as soon as it enters the stomach, is at once subjected to the chemical action of the gastric juice, so is coffee. No sooner does the infusion of the roasted berry touch the membranes of the stomach than it is decomposed, and is no longer to be called coffee. Having, therefore, undergone this chemical change will it still continue to prevent the milk from curdling? This is not proved by any means. Again, many substances containing the elements of chyme in the greatest abundance are difficult of digestion when taken alone, and become digestible when taken together with other substances that are not so nutritive. Now, milk and coffee are seldom taken without bread, cake, or something else of the kind, and the mere fact that milk and coffee has never yet caused the slightest inconvenience to persons who have used it for years is sufficient to show that M. BERTHOND's experiment is utterly inconclusive, or at least insufficient. This is by no means the first attempt made by theorists against the use of coffee as well as tea, but these have not ceased to be employed as beverages, and it is altogether probable they will continue to be taken as such notwithstanding all the theories which have been emitted against them.

#### Substitute for Lucifer Matches.

The dangers arising from the universal adoption of the common lucifer-match have induced chemists to seek a substitute for it. M. PELTZER has recently proposed a compound which is obtained in the shape of a violet powder by mixing together equal volumes of solutions of sulphate of copper, one of which is super-saturated with ammonia, and the other with hyposulphite of soda. A mixture of chlorate of potash and the above powder will catch fire by percussion or rubbing; it burns like gunpowder, and leaves a black residue. M. VIEDERHOLD proposes a mixture of hyposulphite of lead, or baryta, or chlorate of potash, for matches without phosphorus. The only inconvenience of this compound is that it attracts moisture too easily.

W. N. CÔTE.

#### DOMESTIC.

##### Ignorant and Uneducated Contract Surgeons. EDITOR MEDICAL AND SURGICAL REPORTER:—

I have been through the army, and with the army, and have seen, to some extent, the operations of the medical department. Notwithstanding the reputed energy, and remarkable administrative faculty (?) of the Surgeon-General, several abuses have crept into his department, during his administration, which perhaps would never have been permitted to do so under the administration of a less talented, and world-renowned man.

Of one of these I wish to write. It is of the employment of quacks and uneducated men as Medical Officers of the army by contract. But few greater

evils exist in the army. It is a disgrace to the medical profession. It is an outrage upon the Government to force it to contribute to the maintenance of illegitimate medicine; and the greater is the disgrace, and the more heinous the outrage that it comes from a member of a profession which he should seek to elevate, and from an officer of the Government, which he should seek to protect from fraud.

I will cite a few cases of incompetent men who are employed to serve the Government as medical officers. At the capitol of this State (Springfield) is employed a man named KINKADE; he entered the service as a private; previous to that time he was a laborer; he was employed in the hospital as an attendant; soon after he was discharged the service for some infirmity. Almost immediately after he was employed by contract as surgeon in charge of the hospital in which but a short time before he was a nurse. This man had never read a work on medicine, and had not even a decent English education. He never thought of pursuing the study of medicine, and knew nothing more about it than what he picked up in giving the doses to the sick he was nursing. And yet he is in charge of a large number of sick, at a post where there are four or five hundred sick in hospital. By previous habits of life he is entirely unfitted to take charge of the lives of men, and he has had no study or education to give him assistance. This you may think is strange. It certainly is astounding, but then the man is blundering away at one of the largest military rendezvous in the State, and sanctioned by our very scientific Surgeon-General.

Serving in the Army of the Cumberland is a youth of twenty-two, who has never heard a medical lecture, has read no work of regular medicine, whose father is an "eclectic" practitioner from whom the son obtained his light and knowledge. This young man is engaged as a contract surgeon and placed in charge of troops.

Numerous cases can be given where Botanics, Eclectics, Homeopathists are so employed. No wonder the Surgeon-General should wish to discontinue the use of calomel in the army, with such agents to administer it!

It must be kept in mind that this corps is entirely under the control of the Surgeon-General, belonging for the time being to the regular army, as acting staff officers of the medical department. Would Surgeon-General FINLEY have allowed such material to have been palmed off on him?

While in this class there are so many quacks and incompetents, amongst the regimental surgeons, who have all had to pass a pretty thorough examination, there are none to be found. The State-examining boards (particularly in this State) have seen to this matter, and no man who has not received a good medical education has been appointed a medical officer. These examining boards have not been under the influence of the Surgeon-General or we might have had medical officers of every *am* in the army.

It has always been a great pleasure for me to meet with the hard working and intelligent members of the volunteer corps of the medical department. They are an honor to the profession. They carry the standard of medical honor high, and it is a shame that they are brought into contact with these contract men, who occupy the best positions in hospitals about the towns, and are of a class generally who are unable to pass an examination to enable them to obtain a commission; I say these men have by far the easiest time, and, according to the work they do, the best pay.

Matters have been in a decidedly better shape since Colonel BARNES has been at the head of affairs. I have heard many medical officers express the hope that either Asst. Surgeon-General WOOD or Colonel BARNES would succeed the present head of the department. There is enough business surely on hands to keep the present Acting Surgeon-General busy, but there is certainly nothing that more urgently demands his attention than this matter of contract surgeons. If it is necessary to employ physicians in this way, for heaven's sake employ competent men. They can be had; at least those irregular practitioners can be dispensed with. Why should they not be examined, to that extent at least, of finding out whether they have diplomas or not? I can produce the names of ten men who write Acting Assistant-Surgeon, U. S. A. after their names who cannot show that they were ever inside a medical school. Formerly it was understood, and was the pride of the regular army medical officers, that they could show the best talent of the country in their ranks. As far as the contract officers are concerned they cannot do it now. It is to be hoped that the proper authorities will take the matter in hand and remedy the evil, by doing which they will earn the gratitude of every true medical man in the land.

A. G. M.

CAIRO, ILL., June 7th.

## News and Miscellany.

### General Hospitals, Department of the East.

The following new General Hospitals and additional beds at the old hospitals in the Department of the East are being prepared by the Medical Director, Surgeon McDougall:

McDougall Hospital, near Fort Schuyler, reorganized, 1,500 beds; Grant General Hospital, Willett's Point, East River, 2,000 beds; General Hospital, Montpelier, Vt., 500 beds; General Hospital, Augusta, Me., 500 beds; General Hospital, Albany, N. Y., 500 beds; General Hospital, Readville, Mass., 500 beds; General Hospital, Worcester, Mass., 1,000 beds; Buffalo City Hospital, N. Y., 75 beds; St. Mary's Hospital, Rochester, N. Y., 375 beds; Rochester City Hospital, N. Y., 60 beds; Elmira, N. Y., 100 beds.

### ADDITIONAL BEDS AT OLD HOSPITALS.

De Camp Hospital, David's Island, 1,400 beds; Knight Hospital, New Haven, 500 beds; General

Hospital, Brattleboro, Vt., 700; Marine General Hospital, Burlington, Vt., 360.

### BEDS IN CIVIL HOSPITALS.

New York City Hospital, 150 beds; Brooklyn City Hospital, 100 beds; Long Island College Hospital, Brooklyn, 150 beds; Jews' Hospital, New York, 50 beds; Blackwell's Island Hospital, New York, 800 beds. Total number of new beds, 11,320.

### Charges and Specifications

Preferred against Brigadier-General William A. Hammond, Surgeon-General United States Army.

CHARGE 1.—"Disorders and neglects to the prejudice of good order and military discipline."

Specification 1st.—"In this; that he, Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, wrongfully and unlawfully contracted for, and ordered CHRISTOPHER C. COX, as Acting Purveyor in Baltimore, to receive blankets of one WILLIAM A. STEVENS, of New York. This done at Washington city, on the seventeenth day of July, in the year of our Lord one thousand eight hundred and sixty-two."

Specification 2d.—"In this; that he, Brigadier-General WILLIAM A. HAMMOND, Surgeon-General as aforesaid, did on the first day of May, in the year of our Lord one thousand eight hundred and sixty-three, at Washington city, wrongfully and unlawfully, and with intent to favor private persons, resident of Philadelphia, prohibit Christopher C. Cox, as Medical Purveyor for the United States, in Baltimore, from purchasing drugs for the army in said city of Baltimore."

Specification 3d.—"In this; that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, did unlawfully order and cause one GEORGE E. COOPER, then Medical Purveyor for the United States in the city of Philadelphia, to buy of one WILLIAM A. STEVENS blankets, for the use of the Government service, of inferior quality; he, the said Brigadier-General WILLIAM A. HAMMOND, then well knowing that the blankets so ordered by him to be purchased as aforesaid were inferior in quality, and that said Purveyor COOPER had refused to buy the same of said STEVENS. This done at Philadelphia, in the State of Pennsylvania, on the twenty-eighth day of May, in the year of our Lord one thousand eight hundred and sixty-two."

Specification 4th.—"In this; that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General as aforesaid, on the fourteenth day of June, in the year of our Lord one thousand eight hundred and sixty-two, at the City of Washington, in the District of Columbia, unlawfully, and with intent to aid one WILLIAM A. STEVENS to defraud the Government of the United States, did, in writing, instruct GEORGE E. COOPER, then Medical Purveyor at Philadelphia, in substance, as follows:

"SIR: You will purchase of Mr. W. A. STEVENS eight thousand pairs of blankets, of which the enclosed card is a sample. Mr. STEVENS' address is Box 2500, New York. The blankets are five dollars per pair; and which blankets so ordered were unfit for hospital use."

Specification 5th.—"In this; that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, on the sixteenth day of June, in the year of our Lord one thousand eight hundred and sixty-two, at the city of Washington, did corruptly, and with intent to aid one WILLIAM A. STEVENS to defraud the Government of the United States, give to the said WILLIAM A. STEVENS an order, in writing, in substance as follows: 'Turn over to George E. Cooper, Medical Purveyor at

Philadelphia, eight thousand pairs of blankets; by means whereof the said STEVENS induced the said COOPER, on Government account, and at an exorbitant price, to receive of said blankets, which he before had refused to buy, seventy-six hundred and seventy-seven pairs, and for which the said STEVENS received payment at Washington in the sum of about thirty-five thousand three hundred and fourteen dollars and twenty cents."

*Specification 6th.*—“In this; that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, on the thirty-first day of July, in the year of our Lord eighteen hundred and sixty-two, at the city of Philadelphia, in the State of Pennsylvania, well knowing that John Wyeth & Brother had before that furnished medical supplies to the Medical Purveyor at Philadelphia which were inferior in quality, deficient in quantity, and excessive in price, did corruptly unlawfully, and with intent to aid the said JOHN WYETH & BROTHER to furnish additional large supplies to the Government of the United States, and thereby fraudulently to realize large gains thereon, then and there give to GEORGE E. COOPER, then Medical Purveyor at Philadelphia, an order, in writing, in substance as follows: ‘You will at once fill up your store-houses, so as to have constantly on hand hospital supplies of all kinds for two hundred thousand men for six months. This supply I desire that you will not use without orders from me.’ And then and there directed said Purveyor to purchase a large amount thereof, to the value of about one hundred and seventy-three thousand dollars, of said JOHN WYETH & BROTHER.”

*Specification 7th.*—“In this; that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, about the eighth day of October, in the year of our Lord eighteen hundred and sixty-two, at Washington city, in contempt of, and contrary to the provisions of, the act entitled ‘An act to reorganize and increase the efficiency of the Medical Department of the Army,’ approved April 16, 1862, did corruptly and unlawfully direct WYETH & BROTHER, of Philadelphia, to send forty thousand cans of their ‘Extract of Beef’ to various places, to wit: Cincinnati, St. Louis, Cairo, New York, and Baltimore, and send the account to the Surgeon General’s Office for payment; and which ‘Extract of Beef’ so ordered was of inferior quality, unfit for hospital use, unsuitable and unwholesome for the sick and wounded in hospitals, and not demanded by the exigencies of the public service.

*Specification 8th.*—“In this; that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, about the *first day of March*, in the year of our Lord eighteen hundred and sixty-three, at Washington city, in disregard of his duty, of the interests of the public service, and of the requirements of the act entitled ‘An act to reorganize and increase the efficiency of the Medical Department of the Army,’ approved April 16, 1862, did order and direct that the Medical Inspectors should report the result of their inspections direct to the Surgeon-General.”

**CHARGE II.**—“Conduct unbecoming an officer and a gentleman.”

*Specification 1st.*—“In this; that he, Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United Army, on the thirteenth day of October, in the year of our Lord eighteen hundred and sixty-two, at Washington city, in a letter by him then and there addressed to Dr. GEORGE E. COOPER, declared in substance that the said COOPER had been relieved as Medical Purveyor in Philadelphia, because, among other reasons, ‘HALLECK,’ meaning Major-General HENRY W. HALLECK, General-in-Chief, requested, as a particular favor, that MURRAY might be ordered to Philadelphia; which declaration so made by him,

the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General as aforesaid, was false.”

An additional charge and specifications preferred against Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army:

**CHARGE III.**—“Conduct to the prejudice of good order and military discipline.”

*Specification 1st.*—“In this; that he, the said Brigadier-General WILLIAM A. HAMMOND, Surgeon-General United States Army, on the 8th day of November, A. D. 1862, at Washington city, did, unlawfully and corruptly, order and cause HENRY JOHNSON, then Medical Storekeeper, and Acting Purveyor at Washington city, to purchase three thousand blankets of one J. P. FISHER, at the price of \$5.90 per pair, and to be delivered to Surgeon G. E. COOPER, U. S. A., Medical Surveyor at Philadelphia.”

*Specification 2nd.*—“In that he, the said Brigadier-General WILLIAM A. HAMMOND, about the 3d day of December, A. D. 1862, at Washington city, unlawfully and corruptly purchased and caused to be purchased, of J. C. MCGUIRE & Co., large quantities of blankets and bedsteads, and which were not needed for the service.”

By order of the President of the United States:

J. HOLT,  
Judge Advocate-General.

#### Railway Travelling a cause of disease.

The influence of railway traveling on cerebral, spinal, nervous and ophthalmic diseases, is assuming an interesting shape in the public mind of Europe; so much so that committees, consisting of professional men, occupying the highest positions in science, have been appointed to investigate the subject. In England such a commission was formed to determine the influence of this mode of travel on health, but the evidence *pro et con.* is without conclusive results. Some observing that persons accustomed to daily and constant traveling in rail coaches grew rapidly old, drew the conclusion that it was productive of injury; while others noting mortality statistics showing that the mortality of post office employees on railway cars was not greater than that among the same class stationed in the offices of cities, infer that it is not antagonistic to life.

The comparison, it will at once be seen, is incorrect, for it cannot be a question whether confinement in closed offices is injurious and tends to lessen the life actions, comparing with that allowing a certain amount of out-door exercise. Free air and exercise are essential to life. The question is, whether the habit of traveling in closed coaches, with the constant effort of the muscles to break the shock of the sudden and abrupt vibrations of the cars, and the rapid passage of objects before the visual organs, has a tendency to derange function and alter structure.

Is railway traveling prejudicial to health? The evidence is somewhat conflicting. Dr. Lewis, a medical officer of high standing, presents a large number of cases showing that continuous and extensive traveling in this way does not affirm the question. He arrives at the following conclusions:

1. That well-developed and robust persons do not suffer injury if reasonable care is observed in their habits, and if the amount of travel is not extreme.
2. The railway travel has a greater injurious action on persons who enter upon this mode of traveling after the age of twenty-five than upon those who commence it early in life.
3. Persons loosely formed, who are affected with disease of the heart, head or lungs, suffer most.

In regard to its ill-effects on the visual organs, Mr. COOPER and others consider its action very great; while Dr. LEWIS esteems it of slight importance. *A priori*, it may be admitted as a fact that reading

while a coach is in motion, or placing the eye upon an unsteady or swiftly passing object causes an inordinate effort of the organ, and a consequent diminution of power.

Its influence on the respiratory organs is a matter of no small importance when we consider the evil consequences of the *impure* air of a densely crowded coach, and the sudden change of temperature caused by opening windows when the train is in motion. Experiments made by Dr. ANGUS SMITH show that the air of a crowded car corresponds to the air of his laboratory when sewer was allowed to pass through it. This great impurity produces a necessity for an increased amount of air to enter the lungs to furnish the normal supply of oxygen. This action causes excessive effort and increased exhalation from the cutaneous surface, which upon exposure to a current of cold air, is checked, resulting in bronchial and respiratory diseases.

The most serious and frequent effects are, however, upon the nervous and muscular systems. The constant effort, during a long journey, against the abrupt and often extreme change of position, throws upon these symptoms abnormal activity. The result is weariness, pain and soreness for days after the effort, and a sensation of unsteadiness even amounting to sea-sickness. This abnormal action, though it may be quiescent in its action for a time, at last induces alteration of structure, sometimes ending in paralysis.

The rapid age, in which we live, appears to be specially characterized by its utilitarian system at the cost of what is useful and good. Economy of time, of thought and of money, is apparently essential to successful competition, and brings upon us a commensurate expenditure of comfort, health and life.

The present mode of travel is a commercial economy, but the old time way, while certainly slower, was perhaps not less certainly a real economy of time. The fashions of life appear to quadruple its longevity and influence.—*St. Louis Med. & Surg. Journal.*

#### On the Psychological Differences which exist among Typical Races of Man, by ROBERT DUNN.

The author maintained that the genus homo was distinctly defined, on the ground that in man's moral and religious attributes the inferior animals do not participate, and it was this that constituted the difference between him and them. The barrier was thus, he considered, impassable between man and the chimpanzee and gorilla; and that wherever man with his erect attitude and with his articulate voice is found, his claim to our common humanity must be immediately acknowledged, however debased the type may be. His conviction was that there was proof of a general unity exhibited in all the races of the great family of man, inasmuch as they were all endowed with the same intellectual faculties and mental activities, however much they may vary in degree. It had, he thought, been fairly argued that all the races of the human family form but one species, from the physiological fact that they are all capable of fruitful union. Believing the brain to be the material organ of the mind, the author considered the cerebral organization and development in the various typical races as one of the most effectual means of better understanding and elucidating the psychological differences which characterize them. The author reviewed what has been done by anatomists and ethnologists, and pointed out that the lower savage races, such as the Sandwich Islanders, made progress in the early part of their education, and were so far as apt and quick as the children of civilized Europeans; but at this point they stopped, and seemed incapable of acquiring the higher branches of knowledge. The Sandwich Islanders have excellent memories, and learn by rote with wonderful rapidity, but

will not exercise the thinking faculties; they receive simple ideas but not complex ones. In like manner it was found practically that negro children could not be educated like white children. In all these cases, as well as in the minor ones continually occurring among ourselves of inability to understand subjects and reasonings of a certain order, the true explanation is that the cognate faculties have not reached a complexity equal to the complexity of the relations to be perceived; as moreover it is not only so with purely intellectual cognitions, but it is the same with *moral* cognitions. In the Australian language there are no words answering to justice, sin, guilt. Among many of the lower races of man, acts of generosity or mercy are utterly incomprehensible; that is to say, the most complex relations of human action in its social bearings are not cognizable. This the author thought was in accordance with what *a priori* might have been expected to have resulted from organic differences in the instruments of the psychical activities—or, in other words, in the nervous apparatus or perceptive and intellectual consciousness. The leading characters of the various races of mankind were simply representatives of particular stages in the development of the highest Caucasian type. The negro exhibits permanently the imperfect brow, projecting lower jaw, and slender bent limbs of a Caucasian child some considerable time before the period of its birth. The aboriginal American represents the same child nearer birth; the Mongolian the same child newly born.—*London Intellectual Observer.*

#### Fermentation and Ferments.

M. LEMAIRE denies that a special ferment for every kind of fermentation exists. He finds the same microscopic beings present whether sugar is being changed into alcohol, or alcohol into acetic acid. But in the case of *natural* animal and vegetable matters he has assured himself that microzoa begin the decomposition, which, when the matters become acid, is carried on by microphytes. By means of a little acid, these latter may be made to appear at will, and the author consequently argues that mycoiders do not make the acid but appear in consequence of its presence. The acidity of the perspiration it is thought may cause the development of certain microphytes which are observed in some obstinate cutaneous affections.—*Dublin Med. Press.*

## Army and Navy News.

#### Paroled Prisoners.

SURGEON GENERAL'S OFFICE,  
WASHINGTON D. C., June 1, 1864. }

[Circular Letter.]

General Orders, No. 191, of May 7th, 1864, declare all prisoners of war of the Federal Army, on parole at that date, exchanged; and at the request of the Commissary General of Prisoners, Surgeons in charge are directed to take up on the same rolls as other soldiers, all paroled prisoners who were in any of the United States General Hospitals at the date of the general order, and report them to Colonel Hoffman, Commissary General of Prisoners of War, as so transferred. By order of the Acting Surgeon General.

C. H. Crane, Surgeon, U. S. A.

#### The Discharge of Patients.

SURGEON GENERAL'S OFFICE,  
WASHINGTON, D. C., June 4, 1864. }

[Circular Letter.]

The following circular from the War Department is respectfully furnished for your information and guidance:

WAR DEPARTMENT, ADJUTANT GENERAL'S OFFICE, }  
WASHINGTON, May 25, 1864. }

[Circular, No. 41.]

1. The Secretary of War directs that, in cases where officers and enlisted men, (such as exchanged prisoners, convalescents, etc.,) are to be sent to their regiments in the field, they shall not be forwarded, unless it is probable that they will reach their regiments in time to serve, at least, ten days before the expiration of their term of service.

2. The attention of all commanders is invited to the orders from this office, directing that the men whose term of service expire at the expiration of the original term of the regiment, should be sent to the State to which the regiment belongs, to be mustered out under the superintendence of the Chief Muster-Officer of the State. When the term of service of enlisted men expires at other times, they should be mustered out of service by the Commissary or Assistant Commissary of Musters of the command in which they may be serving. When enlisted men are too sick to travel to the proper place of muster-out, they will be discharged for disability, in the usual way, stating in addition, the fact that the soldier's term of service has expired. The discharge of men of the Veteran Reserve Corps is provided for by Circular No. 12, current series, from this office.

E. D. TOWNSEND, Ass't Adjutant General.

By order of the Acting Surgeon General.

C. H. CRANE, Surgeon, U. S. A.

## Promotions.

Ass't Surgeons J. Y. Cantwell, William J. Wolfsey, H. E. Goodman, and H. L. W. Burritt, U. S. Vols., to be Surgeons of Volunteers.

## Appointments.

Ass't Surgeon David McKay, 79th New York Vols., to be Surgeon, 29th U. S. Colored Troops.

D. L. Chapin, of Connecticut, to be Surgeon, 28th U. S. Colored Troops.

Acting Ass't Surgeons P. Glennan, Brinton Stone, D. R. Brower, T. R. Pooley, and Moses F. Cogswell, U. S. A., Surgeons E. M. Power, 7th Missouri Vols., Benj. Durham, 72d Illinois Vols., J. B. Petherbridge, 66th New York Vols., E. A. Clark, 32d Illinois Vols., M. B. Cochran, 1st Iowa Cavalry, H. W. Davis, 18th Illinois Vols., J. H. Ledit, 99th Illinois Vols., and George Derby, 23d Mass. Vols., and Dr. A. McMahon, of Ohio, to be Ass't Surgeons of Volunteers.

## Resignations.

Surgeon W. C. Otterson, U. S. V., to take effect May 25, 1864.

Surgeon Bernard Beust, U. S. Vols., to take effect May 26, 1864.

Chaplain Joseph Fialon, U. S. Army, to take effect May 5, 1864.

## Discharges, Dismissals, &amp;c.

Medical Cadet J. W. Magruder, U. S. A., honorably discharged, to accept appointment of Acting Ass't Surgeon, U. S. Army.

Hospital Steward J. F. Evans, U. S. A., dishonorably discharged for drunkenness.

Ass't Surgeon Frederick W. Simpson, 72d New York Vols., having failed to appear before a Military Commission as ordered, is dismissed, May 9, 1864, for absence without leave.

Ass't Surgeon C. Teal, 25th Iowa Vols., having been examined by a Military Board, and an adverse report made in his case, is discharged the service.

Ass't Surgeons W. J. Wolfsey, 65d, and H. Z. Gill, 95th Ohio Vols., discharged on tender of resignation to accept new appointments.

## Orders.

Ass't Surgeons E. M. Powers and J. H. Ledit, U. S. Vols., will report to the Commanding General, Dep't of Missouri.

Ass't Surgeons Benj. Durham, A. McMahon, and J. B. Petherbridge, U. S. Vols., will report to the Commanding General, Dep't of the Gulf.

Surgeon G. W. Hogeboom, U. S. Vols., is relieved from duty in the Dep't of Missouri, and will report to the Commanding General, Dep't of Kansas.

Ass't Surgeons E. A. Clark, M. B. Cochran, and H. W. Davis, U. S. V., will report to the Commanding General, Dep't of Arkansas.

Ass't Surgeons D. R. Brower and George Derby, U. S. Vols., will report to the Commanding General, Dep't of Virginia and North Carolina.

Ass't Surgeon Thomas R. Pooley, U. S. V., will report to the Commanding General, Army of the Potomac.

Ass't Surgeon M. F. Cogswell, U. S. Vols., will report to the Commanding General, Dep't of the East, for assignment to duty at Albany, N. Y.

Surgeon H. H. Gilbert, U. S. Vols., now on sick leave, will report in person to Ass't Surgeon General R. C. Wood, U. S. A., at Louisville, Ky., for assignment to such duty as his health will permit as soon as able to travel.

Surgeons C. S. Tripler and H. R. Wirtz, U. S. Army, and Surgeons Thomas Artisell and C. C. Cox, U. S. Vols., are detailed to represent the Medical Dep't of the U. S. Army, at the meeting of the American Medical Association in New York City, June 7, 1864.

Ass't Surgeon Brinton Stone, U. S. Vols., will report to the Surgeon General, U. S. A., for duty in his office.

Surgeon Sanford B. Hunt, U. S. Vols., is relieved from duty in the Northern Dep't, and will report to the Commanding General, Dep't of Arkansas, to relieve Surgeon James C. Whitehill, U. S. Vols. Surgeon Whitehill on being relieved, will report to the Commanding General, Northern Dep't.

Surgeon D. B. Sturgeon, U. S. Vols., now on leave of absence, will at once rejoin his proper station in the Dep't of New Mexico.

A Board to consist of Surgeons E. H. Abadie and Jonathan Letterman, and Ass't Surgeon E. S. Dunster, U. S. Army, will assemble at the Military Academy, West Point, N. Y., to examine into the physical qualifications of the Graduating Class. The same Board will continue in session until they have examined into the physical qualifications of all newly appointed Cadets, and will report their proceedings to the War Dep't.

The following officers unconditionally released by the rebel authorities will proceed without delay to join their respective commands: Surgeon N. F. Graham, 12th Ohio Vols., Ass't Surgeon W. S. Newton, 91st Ohio Vols., Surgeon N. D. Furquian, 5th New York Cavalry, Ass't Surgeon D. W. Richards, 145th Pa. Vols., Surgeon W. S. Walsh, and Ass't Surgeon J. J. Johnson, 15th West Va. Vols., Surgeon C. H. Thatcher, and Chaplain John L. Irwin, 15th West Virginia Vols.

## Leave of Absence.

Surgeon J. B. G. Baxter, U. S. V., twenty days leave from Dep't of the Gulf, with permission to apply for forty days extension.

Surgeon N. R. Derby, U. S. Vols., for sixty days, on Surgeon's certificate of disability.

Surgeon A. P. Dalrymple, U. S. Vols., for twenty days.

## Assignments.

Ass't Surgeon W. T. Okie, U. S. A., as Surgeon in charge Joe Holt General Hospital, Louisville, Ky.

Acting Ass't Surgeon W. H. Curran, U. S. A., to the Camp Hospital, Louisville, Ky.

Hospital Chaplain W. M. Grimes, U. S. A., to Totten General Hospital, Louisville, Ky.

Ass't Surgeon J. Y. Cantwell, U. S. V., to charge of the Hospital Transport "Ashland."

Surgeon C. C. Dunrecher, U. S. V., to Fort Dalles, Oregon, to accompany Indian Expedition.

Surgeon A. L. Cox, U. S. V., as Surgeon in Chief 1st Division, 20th Corps, Army of the Cumberland.

Ass't Surgeon S. B. Ward, U. S. V., to 3d Division, General Hospital, Alexandria, Va.

Surgeon W. J. Wolfsey, U. S. V., as Surgeon in Chief, De Russy's Division, Arlington, Va.

Surgeon A. H. Thurston, U. S. V., as Medical Inspector of Hospitals, Dep't of Washington.

Surgeon F. H. Gross, U. S. V., as Medical Director of Hospitals, Annapolis, Md.

Surgeon B. A. Christian, U. S. V., to Philadelphia, Pa.

Surgeon C. F. H. Campbell, U. S. V., as Medical Inspector of Hospitals, Middle Dep't.

Surgeon A. J. Phelps, U. S. V., to special duty in the Army of the Potomac.

Hospital Steward G. Palazzotto, 4th New York Cavalry, to the General Hospital, Annapolis, Md.

## Miscellaneous.

So much of Special Orders No. 142, current series from the War Department, as dismissed Ass't Surgeon James Fulton, 143d Pa. Vols., is revoked, and he is honorably discharged.

Camp Fry at Augusta, Me., and the Barracks at Albany, N. Y., have been turned over to the Medical Dep't for hospital purposes.

The Treasury Dep't has decided that the law increasing the pay of Cadets at the Military Academy, West Point, N. Y., does not increase the pay of Medical Cadets, U. S. Army.

The War Dep't has decided that under the law of April 9, 1864, Chaplains cannot obtain commutation of fuel and quarters.

## Regular Naval Orders.

Surgeon John Thornley, detached from the Naval Rendezvous, New York, and waiting orders.

Surgeon R. B. Woodworth, ordered to the Naval Rendezvous, New York.

Surgeon William E. Taylor, detached from the Tuscarora, and waiting orders.

Ass't Surgeon Wm. H. Jones, ordered to the Practice Steamer Marblehead.

Ass't Surgeon W. S. Oberly, detached from the Naval Academy and ordered to the Practice Ship Macedonian.

Ass't Surgeon Adolph A. Hoebling, detached from the Roanoke, and waiting orders.

Ass't Surgeon George W. Woods, ordered to the Roanoke.

Ass't Surgeon G. H. E. Baumgarten, ordered to duty at the Naval Hospital, Memphis, Tenn.

Surgeon H. F. McSherry, detached from the Naval Hospital at Memphis, Tenn., and waiting orders.

Surgeon T. M. Potter, detached from the Receiving Ship Ohio, and ordered to the Niagara at New York.

Surgeon Edw. F. Corson, ordered to the Receiving Ship Ohio.

Ass't Surgeon S. Matthews, ordered to report for examination at Philadelphia, Penn., for promotion.

Ass't Surgeon Samuel W. Abbott, U. S. S. Niagara, resignation accepted.

Ass't Surgeon Josiah H. Gunning, ordered to the Naval Hospital, New York, for duty.

Ass't Surgeon Edward S. Brvest, detached from the Naval Hospital, New York, and ordered to the U. S. S. Niagara.

#### VOLUNTEER NAVAL ORDERS.

Isaiah Dewling, appointed A. A. Surgeon, and ordered to the South Atlantic Blockading Squadron.

Acting Ass't Surgeon Dwight J. Harris, detached from the North Carolina, at New York, and ordered to the South Atlantic Blockading Squadron.

Acting Ass't Surgeon W. W. Howard, ordered to the South Atlantic Blockading Squadron.

Acting Ass't Surgeon William Nick Puidell, detached from the Home South Atlantic Blockading Squadron, and ordered North.

Acting Ass't Surgeon John W. Hamilton, detached from the Catskill, and waiting orders.

Acting Ass't Surgeon Henry Shaw, of the Ethan Allen, resignation accepted, to take effect on the reporting of A. A. Surgeon Dewling.

Acting Ass't Surgeon Benjamin Marshall, ordered to the South Atlantic Blockading Squadron.

Edward W. Avery, appointed A. A. Surgeon, and ordered to the Barshee, at New York.

Wm. J. Simon, appointed an Acting Ass't Surgeon, and ordered to the Princeton, at Philadelphia.

Charles S. Green, appointed an Acting Ass't Surgeon, and waiting orders.

#### MARRIED.

BISHOP—BENNETT.—In Christ Church, Guilford, Conn., on Wednesday, June 1, by Rev. Mr. Bennett, Timothy H. Bishop, M. D., of New Haven, and Miss Jane M., only daughter of the officiating clergyman.

DONNELLY—FORD.—On Wednesday, June 1, in the Cathedral of Baltimore, Edward C. Donnelly, of New York, and Rose Ford, daughter of the late Dr. Joseph Ford, of St. Mary's County, Md.

FRANCIS—STEVENS.—On Thursday, May 28, at Greenport, R. I., by Rev. Charles Gardner, Frederick Augustus Francis, of Pittsfield, Mass., and Jessie Anne, eldest daughter of Joel Stevens, M. D., of the former place.

GARRIGUES—BURT.—At the First Congregational Church, East Saginaw, Michigan, on the 1st inst., by the Rev. D. E. Brown, Dr. S. S. Garrigues, of Philadelphia, and Adele M. Burt, daughter of Joseph Burt, Esq., of the former place.

MARILL—PEAK.—On Wednesday morning, April 27th, 1864, at the Cathedral Chapel, by the Rev. Dr. O'Hara, Dr. Joaquin Marill, of Cuba, and Marie E. Peak, of this city.

PAINES—ROBERTS.—At St. Luke's Church, on the 1st inst., by the Rev. Dr. Howe, Dr. Horatio Paine, of New York, and Meta Roberts, daughter of John Pennington, of this city.

WEHNER—GATES.—At the residence of the bride's mother, Germantown, on Thursday, June 2d, by the Rev. W. H. Elliott, Dr. J. H. Wehner and Miss Adele B. Gates.

WHARTENBY—SOLIS.—In this city, May 31st, 1864, by Rev. Thomas H. Stockton, John A. Whartenby, M. D., and Albionia, youngest daughter of Daniel Solis, Esq.

#### DIED.

CRAFTS.—At Alexandria, Va., May 24, 1864, Artie Gaylord, daughter of Dr. A. P. Crafts, U. S. A., of Wayne County, N. Y., aged 2 years and 7 months.

DICK.—On the 8th instant, George H. Dick, M. D., in the 27th year of his age.

ELY.—At his residence in Clyde, Wayne County, N. Y., on the 1st of May, after a long and painful illness, Dr. Linus Ely, aged 78 years.

#### METEOROLOGY.

May	30.	31.	J. 1.	2.	3.	4.	5.
Wind.....	S. W.	S.	S. W.	S. W.	S.	S. W.	N. E.
Weather ...	Clear.	Clear.	Clear,	Sh'er,	Cld'y.	Clear.	Sh'er.
Depth Rain ...			1-10				4-10
<i>Thermometer</i>							
Minimum.....	53°	60°	65°	55°	52°	60°	55°
At 8 A. M. ....	68	70	76	60	70	72	62
At 12 M. ....	78	70	85	60	74	76	67
At 3 P. M. ....	73	80	84	63	73	76	67
Mean.....	67.2	70.0	77.2	63.3	67.3	71.0	62.3
<i>Barometer</i>							
At 12 M. ....	30.0	30.0	30.1	30.0	30.1	30.2	29.9

Germantown, Pa.

B. J. LEEDOM.

#### MORTALITY.

Popl'n, (estimated.)	Philadelphia, Week ending June 4.	New York, Week ending June 6.	Baltimore, Week ending June 6.	Boston, Week ending June 4.	Providence, Month of April.
225,000	1,000,000	240,000	180,000	52,000	

<i>Mortality.</i>					
Male .....	168	230	59	42	50
Female .....	112	210	58	39	47
Adults .....	151	206	39	36	58
Under 15 years .....	118	234	71	43	38
Under 2 years .....	71	138	47	34*	23
Total.....	272	440	117	81	97
Deaths in 100,000.....	43.87	41.00	45.75	45.00	156.45
American .....	206	262	...	59	52
Foreign .....	59	178	...	22	45
Negro .....	16	10	15	1	5

<i>Zymotic Diseases.</i>					
Cholera, Asiatic .....	1	...	...	...	...
Cholera Infantum .....	2	2	10	...	...
Cholera Morbus .....	...	...	...	...	...
Croup .....	5	10	4	1	6
Diarrhœa .....	5	13	...	...	1
Diphtheria .....	9	15	2	2	3
Dysentery .....	4	2	...	...	...
Erysipelas .....	4	3	2	...	...
Fever, Intermittent .....	...	...	...	...	...
Fever, Remittent .....	...	...	...	...	...
Fever, Scarlet .....	1	20	2	1	6
Fever, Typhoid .....	4	9	3	1	1
Fever, Typhus .....	3	16	...	...	1
Fever, Yellow .....	...	1	1	...	...
Hooping-cough .....	...	...	...	...	...
Influenza .....	...	...	...	...	...
Measles .....	4	21	5	4	...
Small Pox .....	5	7	8	3	2
Syphilis .....	...	...	...	1	...
Thrush .....	...	...	...	...	...

<i>Spasmodic Diseases.</i>					
Albinimuris .....	1	6	...	...	...
Apoplex .....	3	3	...	1	3
Consumption .....	50	55	17	13	13
Convulsions .....	14	18	3	4	1
Dropsey .....	5	14	5	6	...
Gun-shot Wounds .....	14	...	...	...	...
Intemperance .....	2	4	...	1	2
Marasmus .....	7	15	2	2	...
Pleurisy .....	10	37	5	4	3
Pneumonia .....	...	1	...	...	1
Puerperal Fever .....	...	...	...	...	...
Scrofula .....	1	...	...	...	2
Violence and Acc'ts .....	13	20	8	3	6

\* Under 5 years.

#### BACK NUMBERS.

Subscribers desiring old back numbers excepting Nos. 304, 305, 308, 309, and 310, which are still due, and will be sent, will please remember and send money to pay for them, and for postage, as many of the numbers are growing scarce, and we have to pre-pay the postage, two cents a number.

#### TO CORRESPONDENTS.

For the information of those who are not authors, we will state that MANUSCRIPT INTENDED FOR PUBLICATION MUST BE WRITTEN ON BUT ONE SIDE OF THE SHEET. If greater care was taken in the preparation of copy, much trouble would be saved to printers, and mistakes would rarely or never be made.